

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		(i)		/			54						
5		(i)		/			55						
6		(i)		/			56						
7		(i)		/			57						
8		(i)		/			58						
9		(i)		/			59						
10		(i)		/			60						
11		(i)		/			61						
12		(i)		/			62						
13		(i)		/			63						
14		(i)		/			64						
15		(i)		/			65						
16		(i)		/			66						
17		(i)		/			67						
18		(i)		/			68						
19		(i)		/			69						
20		(i)		/			70						
21		(i)		/			71						
22		(i)		/			72						
23		(i)		/			73						
24		(i)		/			74						
25		(i)		/			75						
26		(i)		/			76						
27		(i)		/			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						